



Challenge TB-Democratic Republic of Congo

Year 1

Quarterly Monitoring Report

April – June 2015

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Cover Photo: Active tuberculosis (TB) case finding through door-to-door visits among hard-to-reach communities by the Ambassadors against Tuberculosis (ALTB) in South Kivu May 10, 2015. Photo credit: Olivier Bahati Rusumbu

1. Quarterly Overview

Country	Democratic Republic of Congo
Lead Partner	The Union
Other partners	MSH, KNCV, Club des Amis Damien (CAD), Ligue nationale contre la lèpre et la tuberculose du Congo (LNAC), Foundation Femme Plus, Les ambassadeurs de lutte contre la tuberculose (ALTB), Initiative Inc
Workplan timeframe	October 2014 – September 2015
Reporting period	April – June 2015

Most significant achievements:

During this quarter Challenge TB (CTB) provided technical, logistical and financial assistance to the National Tuberculosis Program (NTP) and twelve Provincial TB and Leprosy Coordinations (Coordination Provinciale Lèpre et Tuberculose, CPLT): 7 CPLTs for tuberculosis (TB) activities and 5 PEPFAR supported CPLTs for TB-HIV activities.

Identification of private healthcare providers to be involved in a comprehensive public-private mix (PPM) approach for TB control: 62 private facilities in 7 CPLTs and 120 TB-HIV sites in 5 PEPFAR supported CPLTs. The choice of private sites was made based on several criteria:

- Located in a geographical area that does not have CDST at distance of at least 1km,
- Attended by a large number of patients (either because it covers a population of at least 50,000 inhabitants, or covers an isolated population with poor access to other health facilities)
- Adequate health facility to implement lab for microscopy
- Those responsible for the facility agreed to support TB patients and accept to sign an agreement with the NTP to follow the guidelines of the NTP and provide the data based on the NTP information system
- Active TB case finding by door-to-door visits conducted by the local non-governmental organization (NGO) “Les ambassadeurs de lutte contre la tuberculose au Sud Kivu” (ALTB) among hard-to-reach populations who live also in abject poverty. Of a total of 7, 239 persons with symptoms suggestive of TB (mainly chronic cough), 5, 319 (73%) arrived at the TB diagnostic and treatment center (Centre de Santé de Diagnostic et de Traitement, CSdT) referred by ALTb community who are former or present TB patients. Among them, 364 (7%) TB bacteriologically confirmed cases were diagnosed. All patients were started on treatment in April to June.
- Supervisory visits carried out to the laboratories in 7 CPLTs enabled the CTB to identify an imminent stock-out of laboratory reagents. The imminent stock-out was due to delays in GF-procurement. An urgent request was made to the PMU and USAID for local procurement of laboratory reagents for one quarter. They were delivered on July 20, 2015 and interruption of TB laboratory services was averted.

Technical/administrative challenges and actions to overcome them:

- The recruitment of the CTB team, especially staff who will be based in Kinshasa office, has faced several challenges. Numerous candidates have applied for various positions but several do not have the required qualifications and do not meet even the most essential criteria, such as sufficient technical skills and competencies, USAID-related work experience and being bilingual. The delays in recruitment have necessitated active participation of particularly The Union consultant to assist the CTB director to commence implementation of CTB activities. Professor Nadia Aït- Khaled has been instrumental, with other Union team members, in supporting the consultant before the arrival of the CTB director and induction of the director, development of

key chapters and revision of the NTP guide (Programme Anti Tuberculeux Intégré, PATI V), participating in recruitment of key CTB staff at all levels and overseeing writing of the quarterly reports.

- Delays in appointing the accountants at the CPLT offices led to delays in starting CTB activities in 4 CPLTs (Sankuru, KOE, KOO, KORS) because it was not possible to hand over funding in their absence. Now that all CPLT accountants commenced duties funds can be transferred which will facilitate implementation of CTB activities.

2. Year 1 activity progress

Sub-objective 1. Enabling environment							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
1.1.1 Disseminating National Tuberculosis Program (NTP) operational guidelines (pediatric TB, MDR-TB, TB/HIV) based on the patient-centred approach and support the operation of the Central Unit, including the National Reference Laboratory, and the 7 Provincial Coordinations Leprosy Tuberculosis (LèpreTuberculose) (CPLT) (detailed budget appended)	1.1.1	Guidelines printed. Report workshop done	Guidelines distributed	Guidelines distributed	A workshop to finalize the operational guidelines (PATI V) was held from April 24-27, 2015 and 34 persons (12 females and 22 males), mainly representatives from NTP, WHO, USAID, CDC and NGOs participated. Revised NTP recording and reporting tools and algorithms for TB screening in risk groups, such as prisoners, internally displaced persons and miners etc, were included. Tenders for printing will be issued in July, and distribution will be done in Q4.	Partially met	The final document will be proof-read and checked before printing.
1.1.2 Identify private facilities that can be incorporated into the NTP in the 7 target CPLTs. 2. Map facilities/care providers (private, state and parastatal, other care providers...) in the 7 CPLT. 3 Train care providers in the selected private sites	1.1.2	Mapping done by central level and workshop preparation done	7 Workshop conducted. Report done	7 Workshop conducted. Report done	Identification and assessment of private sites (for profit, no profit, faith base organization, and companies) were done in target CPLTs during visits from April 14- June 15, 2015. 62 facilities (out of the 70 planned) were incorporated into NTP. Site mapping was completed and sent to central level in June. No training workshops have been held yet.	Partially met	Preparations for training workshops will be done in July 2015 so that training can take place in August 2015 when NTP team will be available.
1. Conduct an inventory and training needs assessment in the 3 PEPFAR provinces on provision of TB and TB/HIV services in private health facilities 2. Train providers identified about TB, TB/HIV and guidelines including referral. 3.	1.1.3		Assess inventory in the 3 Provinces	Train selected providers, post training follow-up, and ensure that all	The evaluation of private facilities was made by the MSH staff in the 3 PEPFAR supported provinces. The 30 priority PEPFAR Health Zones (ZS) for the budget year 2015 were targeted. 25 ZS were visited (out of the 54 planned and including 30 priority ZS) and 140 sites	Partially met	Delay in implementation of this activity was caused by slow recruitment of CTB staff and time-table clashes at the provincial level.

Mentor and integrate				health facilities have material and stationery for TB /HIV	were identified. Two training sessions were carried out between June 8-20, 2015 for 75 (15 females and 60 males; doctors, nurses and laboratory technicians) service providers of 28 sites in Eastern Oriental Province.		
Support the operation of the Central Unit, including the National Reference Laboratory, and the 7 CPLT (detailed budget appended)	1.1.4	Support for first quarter available and order procurement	Support for second quarter	Support for third quarter available	Financial support has been provided for work carried out by the 7 CPLTs: CTB supported purchase of office supplies, payment for internet communications, fuel, and building maintenance. In the absence of CTB accountants in CPLTs funding was provided by available CTB office staff in 4 CPLTs (Kindu, Bukavu, Lisala and Tshikapa) and by MSH provincial staff offices in the remaining 3 CPLTs (KOE, KORS, SAN). Now CTB accountants have been recruited in all CPLTs and their presence will facilitate payments and accelerated implementation of planned CTB activities.	Met	
1. Support TB patients to improve treatment intake, 2. Build community awareness to improve case screening and reduce patient stigma 3. Create community awareness through targeted campaigns and for TB community groups (current and former TB patients)	1.2.1	Support TB patients and particular support for MDR-TB patients , monthly and quarterly meetings	Support TB patients and particular support for MDR-TB , monthly and quarterly meetings, training of new members	Support TB patients and particular support for MDR-TB , monthly and quarterly meetings	Le Club des Amis de Damien (CAD) followed up 396 MDR-TB patients (out of the 440 expected). Revision of CAD training module, printing and training of new CAD members has not been done. This is scheduled for Q4.	Partially met	Target was not met because some MDR-TB patients live far from CSDT and CAD members cannot accompany them on clinic visits due to lack of money for transport. Modalities to rectify the situation are being reviewed.
1 Train community-based organisations (CBO) in community awareness (TB, MDR-TB, TB/HIV, Paediatric TB 2. Conduct advocacy	1.2.2	Training community and support	Training community and support community	Training community and support community	From April to June, La Ligue Nationale Anti lépreuse et anti tuberculeuse du Congo (LNAC) carried out 3 day training sessions in each of the 7 CPLTs and two	Partially met	The awareness session for parliamentarians has not been carried out due to their lack of availability due

among parliamentarians and other decision makers to mobilise government resources for TB control. 3. Train or orient community groups about tuberculosis		communi ty groups	groups and advocacy towards parliamentari ans	groups	<p>sessions in Kinshasa. Each session was attended by 20 participants, including mining and community leaders, from community based organizations (CBO). (a total of 180 participants of whom 95 were females) After training, LNAC members referred 824 presumptive TB patients to CSDT. Investigations revealed 364 (44%) bacteriologically confirmed TB and 12 (1.4%) MDR-TB cases by GeneXpert. These figures are being validated.</p> <p>Advocacy among parliamentarians has not yet been accomplished but preparations have started and contact been established. Advocacy session is planned for September.</p>		to work on electoral laws being their current top priority.
1. Community-based action in the city of Kindu (Maniema) and in Kananga, targeting PLHIV and TB/HIV focusing particularly on women and children. 2. Same activities will be done in PEPFAR zones	1.2.3	Visit in the field for advocacy among leaders communi ty and identifica tion of at least 30 persons from the civil society as active members of Femmes plus foundati on	Training and supervision of identified persons from the community , financial support for consultation and eventually radiography of patients with probable TB, transport of expectoratio n.	Training and supervision of identified persons from the community , financial support for consultation and eventually radiography of patients with probable TB, transport of expectoration .	<p>From April-May, one of the partner NGOs, Foundation Femmes Plus, has identified and trained 75 members. One additional ZS with three CSDTs was added to the previously planned 4 ZSs. CTB paid for sputum tests (microscopy and GeneXpert) and chest X-ray examinations for presumptive TB cases which was considered essential to achieve high case finding.</p> <p>Trainees then reported having referred 60 PLHIV with presumptive TB for investigations at CSDT. Of these, 37 were reported to have TB (61%). Among other 523 persons (general population and contacts of TB patients) who were screened and referred for investigations, 210 (40%) were thought to have TB.</p>	Met	<p>These exceptionally high figures need clarification. Foundation Femmes Plus was contacted but they did not respond and the issue will be followed up in Q4.</p> <p>CTB will follow up the impact of the training of community volunteers in quarter 4"</p>

Provide to NGO's support for raising awareness and communication	1.2.4	Material for NGO's support and for communication for first quarter provided	Material for NGOs support and for communication for second quarter provided	Material for NGOs support and for communication for the third quarter provided	MSH has purchased 50 megaphones and 750 sputum transportation boxes. This equipment will be distributed to partner NGOs when the contracts have been signed with them.	Partially met	The NGO dossiers will be approved by the PMU shortly.
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Sub-objective 2. Comprehensive, high quality diagnostics							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Develop the National Laboratory Strategic Plan	2.1.1	Preparation of National workshop for situation analysis	National workshop done for situation analysis	4 targeted visits done and national strategic plan elaborated	In June 2015, The Union contracted Professor Yala from L'Institut Pasteur d'Algérie for 2 missions to fulfill this activity: from July 1-11, 2015 and September 15-30, 2015. The NTP has completed the mission program, workshop venue has been reserved and participants have been selected.	Partially met	The first mission had to be deferred to July 18-August 1, 2015 due to delays in obtaining a visa.
Train technicians in the use of the LED purchased and GeneXpert	2.1.2			National workshop for 46 technicians done	The NTP organized training of trainers (TOT) of 7 GeneXpert 'super-users' from June 17-22, 2015 in Kinshasa supported by CTB. These participants will be trainers and supervisors of 46 technicians whose training will take place in Q4 in kinshasa.	Partially met	TOT carried out and will cascade and cover 46 technicians in Q4.
Validate, print and distribute the laboratory (microscopy, culture, GeneXpert) and quality control (QC) guidelines	2.2.1		National workshop for validation of the laboratory	Guidelines printed and distributed	The workshop has not taken place though NTP has prepared the ToR and set dates from August 10, 2015. The guidelines will be printed and distributed in APA2.	Partially met	The NTP prioritized TOT for PATI V which covered the whole country and therefore, this workshop was deferred to Q4.

			guidelines				
Supervise laboratories in the 7 CPLTs (one of 2 annual supervisions will be funded by the GF and the other by CTB)	2.2.2		Visit by the central unit done in 3 CPLT and 1 visit of 30 CDST of 3 CPLT done	Visit by the central unit done in 4CPLT and 1 visit of 30 CDST of 4 CPLT done	In May 2015, the NTP team (comprising of 7 supervisors: (Biologist medical doctor, laboratory technician, NTP MDR- TB focal point) visited a total of 21 laboratories: 7 provincial laboratories (1 in each CPLT) and 14 peripheral laboratories (1 in each CSDT). In addition, provincial laboratory staff in Mbuji-Mayi (KORS) supervised 3 peripheral laboratories. During these visits imminent stock-out of laboratory reagents was detected in most laboratories. An urgent order was placed and consumables were delivered in time to prevent interruption in laboratory services.	Met	This laboratory consumable stock-out was due to delays in GF procurement.
Enhancing the capacities of the Lubumbashi, Kisangani and Mbuji-Mayi provincial culture laboratories	2.3.1			Training done for the 3 provincial technicians	3 laboratory staff, including 2 from National TB Reference Laboratory (LNR) in Kinshasa (that carries out 90% of all culture tests in DRC) have been registered to attend a TB laboratory course (Cours de Mycobactériologie appliquée aux besoins des PNT) to be held in Cotonou, Benin, from August 3-14, 2015.	N/A	
Biannual supervision of provincial culture laboratories by the central level	2.3.2		Visit of 1 regional laboratory done by one technician of the LNR	Visit of 2 laboratory done by one technician of the LNR	These visits have not been done yet. Only the culture laboratory in Lubumbashi is operational and will be visited in Q4.	Not met	The NTP decided to give priority to supervisory visits to the laboratories in 7 CPLTs.
Providing each CPLT with a GeneXpert system, 2 modules and consumables	2.4.1	Order of the machine and cartridges	Machines and cartridges		3 GeneXpert machines and 1,100 cartridges out of the planned 1,620 cartridges were ordered in April 2015.	Partially met	The number of cartridges was reduced due to their higher than anticipated

(is necessary addition to those planned by the GF)		done	provided and in place		They have arrived and will be cleared from the Customs by July 21st, 2015. Installation of machines in Lisala, Lodja, Tshikapa laboratories is planned to take place in August.		price and customs clearance costs that had not been included into the budget. The clearance fees will be paid from the CTB budget line for office running costs. Efforts are underway to obtain customs duty exemption for future orders.
Transport 20,000 MDR-TB case samples (for diagnosis and control) from CSDTs to culture or GeneXpert laboratories). Bimonthly shipping to the LNR for each CPLT. [Total estimated MDR-TB incident patients among retreatment patients is 900 per year; 2,200 among new patients. Project period 9 month; 10 specimens per MDR-TB patient diagnosed and treated; some Xpert RR cases diagnosed among new patients PLHIV].	2.6.1	Transport of about 6500 samples done	Transport of about 6500 samples done	Transport of among 6500 samples done	2, 148 samples were sent from various CSDTs via provinces to the LNR during January till June. CAD members, patients' relatives and CSDT staff play a key role in transporting samples. The LNR received a total of 5,964 samples during a time period from April to June. These CTB supported samples represented 36% of the workload.	Partially met	Number of MDR-TB patient samples was overestimated in view of shorter CTB implementation period and also GF complementing this activity. It is proposed that the number of samples per Q is reduced to approximately 3,500.
Equipment and culture maintenance	2.7.1	Identification of a maintenance laboratory company and contract signed	Preventive and curative maintenance done	Preventive and curative maintenance done	In March 2015, Wagenia was selected for this activity. It is the only available company in DRC that can maintain specialist laboratory equipment. The contract has been prepared and will be signed in July though the centrifuges and shakers at the LNR were already serviced in May.	Partially met	Contract will be signed in Q4 and Wagenia has provided an inventory list of LNR equipment that it will service and maintain.

Sub-objective 3. Patient-centered care and treatment							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Meeting to adopt high-risk group strategies (Children, mine workers and prisoners, diabetics, refugees)	3.1.1	Identification of people and preparation of literature references done	National workshop done	high-risk group strategies document elaborated	CTB team compiled a chapter on TB case finding in high risk populations that was included into PATI V, see activity 1.1.1. Specific document on high risk groups will be adopted in Q4.	Partially met	Priority setting and time-table clash with TOT for PATI V delayed completion of this activity which is now rescheduled for Q4.
Improve TB screening among children	3.1.2	Order of paediatric gastric tubes done	Paediatric tubes distributed	Paediatric tubes distributed	In April 2015, CTB ordered 25,800 nasogastric tubes from IDA Foundation. Their delivery is anticipated to take place by end of July 2015. Distribution will done after training of CSDT staff in Q4.	Partially met	Delivery is imminent and CTB has requested NTP to assist in prompt customs clearance.
National pediatric TB Workshop	3.1.3		Workshop done at least in 5 CPLT	Workshop done in the other 10 CPLT	No workshops have been held yet. Plans for 1st one are underway.	Not met	CTB budget is insufficient to cover 5 workshops and only 1 can be afforded. This workshop is scheduled for the end of July/August 2015.
Active population screening in South Kivu including various high-risk groups (displaced camps, the military, mine workers)	3.1.4	Tools and material for awareness raising and for data results available and begin the active screening	Active screening and quarterly results	Active screening and quarterly results	From April to June, ALTB member visited 11,400 (81%) households (out of 14,000 scheduled), raised TB awareness among 57,300 people and identified and referred 7, 239 persons with chronic cough to health facilities. Of these, 5,319 (73%) arrived at CSDTs. Among them, 364 (7%) TB bacteriologically confirmed cases were diagnosed and started on TB treatment. There were also 50 MDR-TB contacts: no MDR-TB cases were detected among these persons. The annual target for symptomatic persons to be investigated is 8,000.	Met	.

Improve MDR TB and XDR-TB patient management	3.2.1	Support for biological test, audiometric test, transport and nutritional support for 150 MDR TB provided	Support for biological test, audiometric test, transport and nutritional support for 150 MDR TB provided	Support for biological test, audiometric test, transport and nutritional support for 150 MDR TB provided	Support for biological test, audiometric test, transport and nutritional has not yet begun. Commencement is planned for Q4.	Not met	Absence of CTB accountants in the CPLTs contributed to delays in implementation.
Support quarterly meeting for TB/HIV coordinating bodies in the 3 Provinces	3.2.2		Collection and validation of the data in 3 provinces in June	Collection and validation of the data in 3 provinces in September	Data collection and validation have not started yet. Commencement is planned for Q4.	Not met	MSH team prioritized assessment of several sites to identify those where activities could be implemented

Sub-objective 5. Infection control

Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Develop health worker TB surveillance guidelines	5.2.1			National workshop done		N/A	

Sub-objective 6. Management of latent TB infection

Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Assess INH preventive therapy among PLWHIV (people living with HIV)	6.1.1			Visit of 10 facilities done		N/A	
Synthesis workshop	6.1.2			One day workshop done		N/A	

Sub-objective 7. Political commitment and leadership							
Planned Key Activities for the Current Year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Celebrate World TB Day	7.2.1	Celebration of world TB day done at national level and in CPLT				Met	
Sub-objective 10. Quality data, surveillance and M&E							
Planned Key Activities for the Current Year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
National Operational Research Agenda development workshop	10.2.1	Identification of facilitators and participants in the workshop conducted	Workshop on NPLT operational research agenda conducted		Activity has not been completed. Professor Marcel Yotebieng from the University of Ohio has been identified. His ToR has been developed and approved by NTP. His mission will take place from August 16-23, 2015.	Partially met	Delay was due to the difficulties in identifying a suitable French-speaking consultant for this activity.
Sub-objective 11. Human resource development							
Planned Key Activities for the Current Year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Training/Refresher for supervisors	11.1.1	Training workshop on supervision done			This workshop that was scheduled for June 2015 has not taken place yet. It has been deferred to August. NTP has defined ToR and participants will be selected by NTP central unit supervisors.	Not met	Deferment of this activity was caused by the fact that participants were facilitators in TOT that took place in 23 CPLTs in Q3.

Enhance capabilities of NGOs involved in CTB (Ligue, CAD and Femmes Plus)	11.1.2	Support for NGOs action plan	Support for Action plan and organisation of NGOs forum	Workshop: resource mobilization and support post-training support for creation of NGO's website	The International Initiative Inc provided technical assistance and a mission took place from May 8-19, 2015. All partner NGOs were assessed and a plan to strengthen their capabilities was developed.	Met	Capability assessment completed and enhancement is on-going.
Enhance CU staff capabilities	11.1.3	Identification and organisation of training	Training in English and Excel	Training in English	No NTP staff training took place in this quarter. Training provider, Congo American Language International, has now been identified and selection of 10 participants who will become trainers in NTP has been completed. Their fluency in English will be assessed before they start language course in mid-July. NTP has not identified staff to attend an Excel course. Course provider will also need to be sought.	Partially met	Delay in implementation of this activity was partially caused by the fact that participants were facilitators in TOT that took place in 23 CPLTs in Q3.
Enhance CPLT capabilities	11.1.4		3 CPLT coordinators trained at WHO course	3 CPLT coordinators trained in Cotonou Course. 4 CPLT Coordinators registered for The Union World conference in Cape Town	No CPLT coordinators participated in WHO course.	Not met	No CPLT coordinators participated in WHO course because registration was not done on time. Arrangements for staff to attend planned capacity building opportunities in Q4 are on-going.

3. Challenge TB's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expended (if available)
Caritas Congo	B1	A2	USD 40,4 million	USD 34,6million	
La Cellule d'Appui à la Gestion (CAG)	B2	B2	USD 9,3 million	USD 7,2 million	

* Since January 2010 (July 21st, 2015 <http://www.aidspace.org/page/grants-country>)

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

In April 2015, the NTP received a GF disbursement for training on the PATI V technical guide and these sessions took place in May and June 2015.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

The CTB met with the GF Country Coordinating Mechanism (CCM) secretariat and requested that CTB be invited to meetings when the Fund Portfolio Manager visits the country. This was agreed upon and the secretariat will send a schedule for the planned visits. In June 2015, The CTB also met with the two GF principal recipients, namely La Cellule d'Appui à la Gestion (CAG) and CARITAS Congo. They shared their work plans and budgets for the period between January and June 2015. After TB-HIV concept note agreement, the official start date of the grant will be July 1, 2015. The TB-HIV concept note was shared with the CTB to ensure alignment of planned activities and avoidance of duplication and overlap.

Together with CARITAS Congo, a threatening stock out of laboratory reagents for both microscopy and culture was observed and averted.

4. Success Stories – Planning and Development

Planned success story title:	Fight Against Tuberculosis In Prisons
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.2. In-country political commitment strengthened
Brief description of story idea:	It is reckoned that TB prevalence in overcrowded prisons is, on average, 10 times higher than in the general population. An active TB case finding campaign carried out in one prison in Mbuji-Mayi in the previous quarter resulted in identification of 130 drug-sensitive and 14 MDR-TB cases among 900 prisoners. All these inmate-patients were started on TB treatment and they were registered in the CSDT nearest to the prison. The findings of this campaign convinced the NTP to carry out similar campaigns in other prisons.
Status update: Active TB case finding campaigns have so far been carried out in the 7 CPLTs supported by CTB. A total of 2,014 prisoners were examined since February to May—they represented 66% of total prison population. TB symptom screen was positive in 1,020 (51%) prisoners. Of these persons, 1,980 sputum samples were collected for GeneXpert and if not available, for sputum smear microscopy. The results revealed 207 (188 by GeneXpert and 19 by microscopy) (10%) bacteriologically confirmed TB cases of whom 14 (7%) had rifampicin-resistant strains. 720 GeneXpert were done and 14 RR+ CTB ensured that all prisoners found to have TB were started on treatment by CSDT nearest to the prison. CSDT will also ensure treatment follow up and reporting of TB treatment outcomes that CTB intends to oversee. NTP and CTB will propose inclusion of HIV-related services to persons found to have TB in prisons to the relevant prison authorities.	

Planned success story title:	Les ambassadeurs de lutte contre la tuberculose (ALTB) and door-to-door campaign for active TB case finding among hard-to-reach communities in South Kivu
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.1.4 Intensification of case finding for all risk groups
Brief description of story idea:	“Les ambassadeurs du Sud Kivu” are former and current TB patients who originate from local communities covered by 5 CSDTs in South Kivu and 70 CSDTs and 30 CSTs in North Kivu. It was formed in 2012 and has approximately 1,000 members. The main objective is to carry out door-to-door campaigns in hard-to-reach communities. Many people in this area have no access to health care services due to long distances to health facilities, and unavailability of easy transport that sometimes requires even boats. In addition, people are extremely poor and they cannot afford to pay for both transport costs and user fees at health facilities.

Status update:

In addition, ALTB provides HIV-related Information, education and communication and participates in family planning services with Association Santé Familial (ASF). TB Reach funded ALTB activities until December 2014 when the project ended. Thanks to the CTB funding these activities were resumed and from April 2015, each member visits at least one household a day targeting the most remote parts of the area where access to health services poses huge problems to people.

From April to June 2015, 11,400 households were visited, and a total of 57,300 people received talks creating TB awareness. TB symptom screening done by ALTB members yielded 7,239 persons with symptoms (mainly chronic cough) suggestive of TB among them 982 are close contacts of TB. Of these, 5,319 (73%) arrived (patients or samples) at the CSDT and were investigated. As a result, 364 (7%) TB cases were diagnosed and began treatment. TB treatment outcomes will be reported in due course.

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected*	Number of MDR-TB cases put on treatment	Comments:
Total 2010	103	188	Patients with suspected MDR-TB have been started on treatment before bacteriological confirmation. This has led to a higher number of patients being initiated on treatment than the number of detected patients. Since expansion of rapid molecular technique, the number of MDR-TB cases has increased though this discrepancy persists. CTB is attempting to correct the situation. The number of patients who started Category IV treatment in current quarter is awaited.
Total 2011	84	138	
Total 2012	130	269	
Total 2013	267	359	
Total 2014	405	436	
Jan-Mar 2015	82*	82*	
Apr-Jun 2015	71*	71*	
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015	153*	153*	

Rapport GLC/WHO June 22nd,2015

- Partial result to be completed (results from 14/23 CPLT not yet included)

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
1	KNCV		Jeroen van Gorkom Caro Zwaenepoel	Work plan development for Year 1 of CTB project with budgeting	Dec-14	Complete	17/11/14 to 22/11/14	6	Yes	Yes	Yes	
2	The Union		Prof Nadia Aït-Khaled	Work plan development for Year 1 of CTB project with budget	Dec-14	Complete	30/11/14 to 10/12/14	10	Yes	Yes	. yes	
3	The Union		Monicah Andefa	Work plan development for Year 1 of CTB project with budgeting	Dec-14	Complete	30/11/14 to 10/12/14	10	Yes	Yes	. yes	
4	Initiative Inc		Rebecca Furth	Assessment of capabilities of the local NGO's and plan to strengthen capabilities	Q2	Complete	7/5/15 to 19/5/15	13	Yes	Yes	Yes	
5	The Union		Project Director TBD : Dr Jean Pierre Kabuayi	Country director CTB meeting	Q3	Complete	31/5/15 to 07/06/15	8	Yes	Yes	Yes	

6	KNCV		Dr. Max Meis	Technical supervision	Q3	Complete	14/06/15 to 23/06/15	10	Yes	Yes	Yes	
7	The Union		Prof Nadia Aït- Khaled	Monitoring visit and plan year 2	Q3	Complete	14/06/15 to 23/06/15	12	Yes	Yes	Yes	
8	The Union		Monicah Andefa	Financial & admin monitoring visits budgeted under S&O	Q3	Complete	14/06/15 to 23/06/15	12	Yes	Yes	Yes	
9	The Union		Dr Paula Fujiwara	Technical support/supervision visit budgeted under S&O	Q3	Cancelled			Choose an item.	Choose an item.	Choose an item.	Not available
10				Refresher training for 3 CPLT provincial technicians for one month at the Algiers-based Institut Pasteur								
11	MSH			Conduct an inventory and training needs assessment in the 3 PEPFAR provinces	Q3	<i>Cancelled</i>			Choose an item.	Choose an item.	Choose an item.	Recourse to local competences
12	MSH			Conduct an inventory and training needs assessment in the 3 PEPFAR provinces on provision of TB and TB/HIV services in public health facilities	Q3							
13	MSH			Conduct an inventory and training needs assessment in the 3 PEPFAR provinces on provision of TB and	Q3							

				TB/HIV services in private health facilities								
14	UNION			46th World Conference on Lung Health (4 NTP staff, 2 Union Directors)	Q4							
15	UNION			Facilitators for the elaboration of the National Operational Research Agenda	Q4							
16	UNION			Cours international sur la lutte contre la tuberculose	Q4							
17	UNION			WHO TB Course	Q4							
18	UNION			1 visit to Paris HQ for orientation	Q2							
Total number of visits conducted (cumulative for fiscal year)									8			
Total number of visits planned in approved workplan									18			
Percent of planned international consultant visits conducted									44%			